

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 JAN 20 AM 10:59

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Linda Langston

Political Party (if applicable)

Democrat

Office Sought

Linn County Supervisor District 2

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged in

Scanned

Computer

Audited

17267

DATE SIGNED

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Linda Langston
SIGNATURE OF PERSON FILING REPORT

319-365-7486
TELEPHONE

1/18/09
DATE SIGNED

I AM FILING A January 19, 2009

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 4, 2008

County & Local Committees, enter County in
which Election is held
Linn

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 15,449.20

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,725.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 18,174.20

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

5,532.47

Schedule F: Loan Repayments total (Attach Schedule F)

2,800.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 9,841.73

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 1,175.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

☒ YES ☐ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/23/08	ID# CK#	David & Carolyn Oliver 3745 Cottage Grove Ave Cedar Rapids, IA 52403		\$ 25	<input type="checkbox"/>
10/23/08	ID# CK#	John & Cynthia Bloomhall 272 Haggis Way Marion, IA 52302		200	<input type="checkbox"/>
10/23/08	ID# CK#	David Unzeitig 308 Andover LN SE Cedar Rapids, IA 52403		50	<input type="checkbox"/>
10/23/08	ID# CK#	Bridget Janus 5213 Broadlawn DR SE Cedar Rapids, IA 52403		25	<input type="checkbox"/>
10/23/08	ID# CK#	James Bradley 2007 1st Ave SE Cedar Rapids, IA 52402		50	<input type="checkbox"/>
10/23/08	ID# CK#	Norma Wenzel 4007 Hickory Hill Lane SE Cedar Rapids, IA 52403		50	<input type="checkbox"/>
10/23/08	ID# CK#	Linn County Dem Central Committee PO Box 574 Cedar Rapids, IA 52406		700	<input type="checkbox"/>
10/23/08	ID# CK#	Marty & Jull Smith 15540 Monterossa LN Apt. 202 Naples, FL 34110		50	<input type="checkbox"/>
10/23/08	ID# CK#	Maureen & Frank Osako 1372 Norwood DR SE Cedar Rapids, IA 52403		200	<input type="checkbox"/>
10/23/08	ID# CK#	Bill Nicholson 365 Lindsay LN SE Cedar Rapids, IA 52403		100	<input type="checkbox"/>

SUB-TOTAL

\$ 1,450

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor



SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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10/23/08	ID# CK#	Dennis Drahos 1477 Bertram ST Cedar Rapids, IA 52403		\$ 500	<input type="checkbox"/>
10/23/08	ID# CK#	Kyle Skogman 4757 Hickory Wind LN Mason, IA 52303		100	<input type="checkbox"/>
10/23/08	ID# CK#	Bill & Kathy Kilbourn 2003 Glenway DR SE Cedar Rapids, IA 52403		50	<input type="checkbox"/>
10/23/08	ID# CK#	Tom F Noonan 1201 Central Ave Center Point, IA 52213		50	<input type="checkbox"/>
10/27/08	ID# CK#	Dale & Sara Todd 1821 Grande Ave Cedar Rapids, IA 52403		100	<input type="checkbox"/>
10/24/08	ID# CK#	Willard Ewart 2837 Aldeman RD Springville, IA 52336		50	<input type="checkbox"/>
10/24/08	ID# CK#	Cynthia and John Johnson 3575 Rimrock DR NE Cedar Rapids, IA 52402		100	<input type="checkbox"/>
10/24/08	ID# CK#	Gerald & Denise Vandersanden 5101 McGowan DR Cedar Rapids, IA 52403		50	<input type="checkbox"/>
10/24/08	ID# CK#	Steven & Susan Ovel 2259 Washington Ave SE Cedar Rapids, IA 52403		50	<input type="checkbox"/>
10/21/08	ID# CK#	Paul Rhines 1849 Brown Dec Rd Coralville, IA 52241		100	<input type="checkbox"/>

SUB-TOTAL

\$ 1,150

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME (Must be same as on Statement of Organization)**

Linda Langston for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/25/08	ID# CK#	Bernard and Pearl Gill 4405 Hickory Wind LN Marion, IA 52302		\$ 50	<input type="checkbox"/>
10/25/08	ID# CK#	Sarah Ordovery 2324 Linden DR SE Cedar Rapids, IA 52403		50	<input type="checkbox"/>
10/25/08	ID# CK#	John & Cynthia Bender 5630 Woodbridge Crest Cedar Rapids, IA 52302		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 125

TOTAL (if last page of this schedule)

\$ 2,725

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Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17/08	ID# CK# 1061	Compass Advertising 417 1st Ave Se Cedar Rapids, IA 52401	Media Advertising	\$ 700.00
11/5/08	ID# CK# 1062	Mailing Services 200 50th Ave DR SW Ste B Cedar Rapids, IA 52404	Printing and Mailing	1,298.69
11/7/08	ID# CK# 1064	Adcraft Printing PO Box 246 Cedar Rapids, IA 52406	Printing	2,147.56
11/4/08	ID# CK# 1065	M.A. Cook Design 222 27th ST NE Cedar Rapids, IA 52402	Ad Design	371.00
11/3/08	ID# CK# 1066	Sodexo 1100 Rockford RD SW Cedar Rapids, IA 52404	Election night services	250.00
11/12/08	ID# CK# 1071	Dave Langston 4257 Sunland CT SE Cedar Rapids, IA 52403	Reimbursement for campaign postage	129.00
11/12/08	ID# CK# 1072	Linda Langston 4257 Sunland CT SE Cedar Rapids, IA 52403	Reimbursement for Mount Vernon SUN advertising	350.00
12/3/08	ID# CK# 1073	Mailing Services 200 50th AVE DR SW Ste B Cedar Rapids, IA 52404	Printing and Mailing	286.22
SUB-TOTAL				\$ 5,532.47
TOTAL (If last page of this schedule)				\$ 5,532.47

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
03/02/02	Marketing and Communications Strategies 2218 First AVE NE Cedar Rapids, IA 52402	Logo, stationary, yard sign design	\$ 1,175.00
SUB-TOTAL			\$ 1,175.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,175.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET**COMMITTEE NAME**(Must be same as on Statement of Organization)

Linda Langston for Supervisor

SCHEDULE**F**

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 2,800.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0.00**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-Kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAYED
11/12/08	Linda Langston 4257 Sunland CT SE Cedar Rapids, IA 52403	Candidate	\$ 2,800.00

TOTAL CASH REPAYMENTS (PART II) \$ 2,800.00

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0.00

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Page 1 of 1
(for Schedule F)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT☐ CHECK THIS BOX IF
AMENDING FORM

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant

Compass Advertising/ Mike Wyrick

Mailing Address

417 First Ave. SE

City

Cedar Rapids

State

IA

Zip Code

52401

CONTRACT PERIOD (MM/DD/YR)

From October 2008

To November 4, 2008

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

\$ 700.00

ESTIMATES OF PERFORMANCE

Placement of cable television advertisements and filming

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
10/17/08	Mediacom 6300 Council St. NE, Cedar Rapids, IA 52402	Ad development and placement	\$ 700.00
SUB-TOTAL			\$
TOTAL (if last page of this schedule)			\$ 700.00